

TRAK PROPERTY MANAGEMENT  
751 Park of Commerce Drive Suite 116  
Boca Raton, FL 33487  
561-245-4444 OFFICE 561-245-4447 FAX

**IF YOU REQUIRE A CLOSING LESS THAN 14 DAYS  
FROM SUBMISSION OF APPLICATION,  
YOU MUST SUBMIT A COMPLETE APPLICATION  
AND ADD A SEPARATE RUSH FEE  
PAYABLE TO TRAK  
IN THE AMOUNT OF \$100.00  
IN ADDITION TO THE APPLICATION FEES.**

**PLEASE REVIEW THE CHECKLIST CAREFULLY PRIOR  
TO SUBMISSION.**

**APPLICATIONS WILL BE PROCESSED**

**MONDAY – FRIDAY  
FROM  
9:00 AM – 12:00 PM**

**IN THE ORDER THEY ARE RECEIVED**

**WARNING:** We are not authorized to change an owner's name in our system until we have received a Warranty Deed or copy of change from the Palm Beach Property Appraiser's website. If you do not provide this proof of change of ownership your bills will go to the previous owner and you may incur late fees, interest, and attorney fees

**LE RIVAGE PROPERTY OWNERS ASSOCIATION, INC.**  
**APPLICATION FOR SALE/LEASE APPROVAL**

1. THIS APPLICATION MUST BE COMPLETED IN DETAIL BY THE PROPOSED BUYER OR LESSEE AND RETURNED TO:

**C/O TRAK PROPERTY MANAGEMENT**

**751 Park of Commerce Drive Suite 116**

**Boca Raton, FL 33487**

**561-245-4444 OFFICE 561-245-4447 FAX**

2. PLEASE ATTACH A COPY OF THE SALES CONTRACT OR LEASE AGREEMENT.
3. PLEASE ATTACH THE FOLLOWING CHECKS:
- A. A NON-REFUNDABLE APPLICATION FEE OF \$150.00 FOR UP TO 2 ADULTS, (EACH ADDITIONAL ADULT PAYS \$60) PAYABLE TO LE RIVAGE POA
  - B. A NON-REFUNDABLE PROCESSING FEE IN THE AMOUNT OF \$100.00 PAYABLE TO TRAK PROPERTY MANAGEMENT.
  - C. FOR ALL SALES A CAPITAL CONTRIBUTION EQUAL TO 1 QUARTER OR THREE MONTHS OF ASSOCIATION DUES IS DUE AT CLOSING.

4. LEASES CANNOT BE FOR LESS THAN THREE MONTHS OR MORE THAN ONE YEAR AND A UNIT CANNOT BE LEASED MORE THAN ONE TIME PER YEAR.

5. AN INTERVIEW BY A REPRESENTATIVE OF THE ASSOCIATION MAY BE REQUIRED.

6. THERE IS AN OCCUPANCY RESTRICTION OF NOT MORE THAN TWO PERSONS PER BEDROOM. (i.e. two bedroom house – 4 persons)

7. OWNERS MUST PROVIDE NEW BUYERS WITH A COPY OF THE DOCUMENTS FOR LE RIVAGE POA SIGNED PROOF OF THIS IS ATTACHED & MUST BE SIGNED.

8. OWNER AND TENANT MUST SIGN AND BE AWARE OF THE ASSIGNMENT OF RENT.

9. THIS COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION OFFICE NO LATER THAN 30 DAYS PRIOR TO THE DESIRED DATE OF CLOSING OR MOVE IN.

10. NO COMMERCIAL VEHICLES, TRUCKS, BOATS, TRAILERS, MOTOR HOMES, RECREATIONAL VEHICLES, MOTORCYCLES, ETC. PERMITTED ON THE PREMISES.

11. THERE IS NO SUB LEASING AT ANY TIME ALLOWED.

12. A COPY OF DRIVERS LICENSES FOR ALL APPLICANTS MUST ACCOMPANY THIS APPLICATION.

**APPLICATION FOR LEASE/SALE, GIFT, DEVISE OR  
INHERITANCE APPROVAL**

PLEASE PRINT OR TYPE

TODAY'S DATE: \_\_\_\_\_

IS THIS A SALE OR LEASE: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_ LEASE TERM: \_\_\_\_\_

PRESENT OWNER'S NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS OF UNIT FOR SALE OR LEASE:

\_\_\_\_\_

NAME OF REALTOR HANDLING SALE OR LEASE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

BUYER'S NAME: \_\_\_\_\_

LESSEE'S NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

NAME	AGE	RELATIONSHIP
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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1. I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase or lease:
  - a. I will abide by all the restrictions contained in the By-Laws, Rules and Regulations and Restrictions, which are or may in the future be imposed by LE RIVAGE POA.
  - b. I understand that pets (if any) must be kept on a leash and solid waste must be removed.
  - c. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
  - d. I understand that any violation of the terms, provisions, conditions and covenants of the LE RIVAGE POA Documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.
  
2. I understand that the acceptance for Lease of a unit at LE RIVAGE POA is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.
  
3. I understand that the Board of Directors of LE RIVAGE POA may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors and Officers of LE RIVAGE POA itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of LE RIVAGE POA will be final and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

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APPLICANT'S Signature

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CO-APPLICANT'S Signature

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Print Applicant's Name

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Print Co-Applicant's Name

## APPLICATION FOR OCCUPANCY

PRESENT OWNER'S NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS OF UNIT FOR SALE OR LEASE:

\_\_\_\_\_

NAME OF REALTOR HANDLING SALE OR LEASE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

BUYER'S/LESSEE'S NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SPOUSE/CO-APPLICANT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NUMBER OF ADULT OCCUPANTS: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**PET REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS IN LE RIVAGE :** \_\_\_\_\_

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**I HAVE THE FOLLOWING PETS:**

**Number of Dogs:** \_\_\_\_\_

**Number of Cats:** \_\_\_\_\_

1. Breed \_\_\_\_\_ Weight \_\_\_\_\_  
Pets Name \_\_\_\_\_

2. Breed \_\_\_\_\_ Weight \_\_\_\_\_  
Pets Name \_\_\_\_\_

3. Breed \_\_\_\_\_ Weight \_\_\_\_\_  
Pets Name \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**If you do not have any pets, please sign here:**

\_\_\_\_\_

**A photo of each pet must be included with this application.**

## RESIDENCY (SECTION 1)

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LANDLORD/MORTGAGE COMPANY: \_\_\_\_\_

MORTGAGE LOAN #: \_\_\_\_\_

## EMPLOYMENT (SECTION 2)

PRESENT EMPLOYER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

SALARY: \_\_\_\_\_

SPOUSE'S/CO-APPLICANT'S EMPLOYER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

SALARY: \_\_\_\_\_

## BANK INFORMATION (SECTION 3)

BANK NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

SAVINGS ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

SAVINGS ACCOUNT #: \_\_\_\_\_ DATE ACCOUNT OPENED: \_\_\_\_\_

**CHARACTER REFERENCES (SECTION 4)**

(Do not give relatives' names)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**AUTOMOBILE INFORMATION (SECTION 5)**

NUMBER OF CARS: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TAG #: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TAG #: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TAG #: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

**GENERAL INFORMATION (SECTION 6)**

Have you ever been evicted before? \_\_\_\_\_

If yes, where/why? \_\_\_\_\_

Have you ever refused to pay rent? \_\_\_\_\_

If yes, where/why? \_\_\_\_\_



## **CHECKLIST**

1. If any question is left blank, this application may not be approved. This application is subject to approval.
2. Attached is a non-refundable fee of \$150.00 payable to LE RIVAGE POA.
3. Attached is a non-refundable fee of \$100.00 payable to TRAK.
4. Please enclose a copy of the Lease/Sales Contract with this application.
5. Proof of receipt of documents on sales.
6. Proof of receipt of rules for leases.
7. Copies of registrations for all vehicles listed on application.

I/We declare the above information to be true and correct. I/We authorize the landlord, or agent(s) to verify and obtain a consumer credit report.

I/We agree to abide by the Rules and Regulations of the Association.

\_\_\_\_\_  
APPLICANT'S Signature/Date

\_\_\_\_\_  
CO-APPLICANT'S Signature/Date

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Print Co-Applicant's Name

**PROOF OF RECEIPT OF DOCUMENTS  
FOR SALES**

**Please sign below as proof that you received the documents for LE RIVAGE POA  
Association, Inc.**

.....

I/We have received the Documents for LE RIVAGE POA

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**PROOF OF RECEIPT OF RULES & REGULATIONS FOR  
LEASES**

**Please sign below as proof that you received the rules and regulations for LE  
RIVAGE PROPERTY OWNERS Association, Inc.**



I/We have received the Rules & regulations for **LE RIVAGE POA**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EFFECTIVE JULY 1, 2010; FLORIDA STATUTE 718.116 (CONDO)  
720.3085 HOA:**

**UNIT OWNERS' CONSENT TO ASSIGNMENTS OF RENTS TO THE  
ASSOCIATION.**

The undersigned, \_\_\_\_\_, as owner(s) of the property whose address is: \_\_\_\_\_ of \_\_\_\_\_, and whose mailing address is \_\_\_\_\_ and the undersigned tenant (s) \_\_\_\_\_ agree as follows;

1. That said owner agrees to continue making payments directly to the Association all dues/assessments and/or special assessments as they are due.
2. That in the event that said owner does not pay any one (1) monthly assessment by the 30<sup>th</sup> day of each month, The Association, or any agent thereof, shall have the right to require that the tenant pay the monthly assessment along with any additional amounts then owed to the Association, including but not limited to, delinquent assessments, special assessments, late fees, attorney's fees, costs from enforcement of this Addendum or other legal action to collect delinquent maintenance/assessments, and fines directly to The Association and to then pay the remainder to the landlord/owner.
3. The Association shall send written notice to both the unit owner and the tenant of the imposition of the requirement, after an owner has failed to pay any one (1) month's dues/assessments by the 30<sup>th</sup> day of the month.
4. The unit owner hereby assigns that portion of the rents, including any delinquent assessments, special assessments, attorney's fees and court costs, due and payable to the Association, upon the association giving notice as described above of the delinquency and imposition of the requirement that the tenant pay the monthly assessment to the Association.
5. The unit owner agrees that he/she/they will not consider the tenant delinquent in their rental payment, nor commence eviction proceedings against the tenant, in the event that the tenant pays the monthly assessment directly to the Association and deducts same from the tenant's rental payment to the unit owner.
6. After the account balance becomes current by means of tenants payments, the tenant shall continue to deduct the monthly assessments/dues from the rent and pay it directly to the Association unless otherwise notified by The Association or an Agent of the association.

7. In the event it becomes necessary to bring legal action to enforce this agreement, the prevailing party shall be entitled to recover reasonable attorney's fees, costs and interest. Any fees or costs incurred by the Association shall be incurred in the amount paid by the tenant to the Association under this addendum.

THIS AGREEMENT SHALL BIND ALL PARTIES THERETO

Countersigned: \_\_\_\_\_ or Management

Unit Owner: \_\_\_\_\_

By: \_\_\_\_\_

Tenant: \_\_\_\_\_

Title: \_\_\_\_\_